- IEEE 1991 reference [B10] identifies children and women as being more at risk to startle responses or RF burns, again due to their generally smaller body size.
- An EPA 1984 peer reviewed report and its EPA scientific advisory board have agreed that epidemiology studies clearly identify the elderly and infants and being especially sensitive to thermal stress
- One of the 2 physicians on the IEEE 1991 committee identified those more susceptible to infection (e.g. diabetics) and those with poor circulatory function (e.g. with cardivascular disease) as being at special risk

#2 To see that the fixed 6 minute exposure duration of the previous RF standard (ANSI C95.1-1982 was a significant risk, one only need recognize why IEEE 1991 has shortened the duration at the very high frequencies. This is to prevent a short burst of high power causing a skin burn, while still having the average power over 6 minutes meet the average power density criteria. For the ANSI 1982 maximum frequency of 100,000 MHz, the IEEE 1991 time duration for averaging power density is 37 seconds vs. the 6 minutes (360 seconds) of ANSI 1982.

Thus, under ANSI 1982 there could be a 3 second burst of 600 milliwatts per sq. cm of power which could cause a burn, but still meet the ANSI 1982 standard [$(3 \times 600)/360$ seconds = 5 mW/sq. cm.], but this would not meet the standard of IEEE 1991 [since $3 \times 600/37$ seconds = 48 mW/sq. cm which exceeds the limit of 10].

#3. Evidence of RF cummulative effects: The IEEE final list paper by Thomas and Maitland (1979, IEEE final list paper on page 67), on "Microwave Radiation and Dextroamphetamine: Evidence of Combined Effects on Behavior of Rats," tested the interaction of dextroamphetamine, a commonly used medication for Attention Deficit Disorder in children and adults, with RF.

Rats were exposed 4 days a week, but given medication and then tested on a day different from a day of exposure. Thus, a day passed between exposure to RF and any learning skills tests. The author attributed the finding of a significant decrease in the ability of exposed animals to correctly respond under some conditions as due to the cummulative effect of RF. Exposure was at "non-thermal" conditions, being 5% of the IEEE hazard threshold, so no generalized thermal stress would be expected.

#4. Evidence of RF effect due to pulsed or modulated signal. Consider the IEEE final list paper by Thomas, Schrot, and Banvard (1982, on IEEE 1991 final list page 67) "Comparative Effects of Pulsed and Continuous-Wave 2.8 GHz Microwaves on Temporally Defined Behavior." Authors conclude that there was a clear and consistent effect whereby at the same power density, the pulsed signals had a greater impact on causing a deficit in performace. Hence, based on this paper which was screened by IEEE 1991 to assure reliable scientific data, it is clear there is evidence for the effect of pulsed signals being different than continuous wave signals.

Basic protections provided in the FCC standard need to extend beyond SAR to include body temperature and its changes: The principal of developing a protection standard on the basis of the specific absorbed rate (SAR) of RF energy per kilogram of body weight has weaknesses, even in the range where SAR applies. This is because the fundamental principal underlying the SAR approach is that it ultimately is the rise in body temperature, whole body or localized, which is the dominant factor for many adverse thermal effects. Consequently, the standard should provide a basic protection provision to protect against certain rises in body temperature. Thus, for example, in hospitals where people may have fever and already exceed safe temperatures, the FCC allowable limits for SAR may be more restrictive - and may apply to private systems to be built in any medical facility

The FCC standard should state that it is a basic provision of the standard that localized SAR limits apply to any 1 gram of continuous tissues (a concern mentioned in the See Exhibit 2 pg. 18 Exhibit.
That mentions they issue Exposure and Dosimetry panel of the 1993 EPA RF Radiation Conference.

-52-

Reject the IEEE 1991 clain that its limits "should be safe for all" [IEEE 1991, pg. 23] and that reject that its maximum permissible exposure (MPE) limits are values "to which a person may be exposed without harmful effect and with an acceptable safety factor."

Considering the number of observed adverse effects which occurred below the IEEE hazard threshold and adverse effects even occuring at exposures deemed safe by IEEE 1991. Also consider the limitations of IEEE 1991 limits noted within IEEE 1991 itself and by others. It therefore follows its claims of being safe for all and allowing exposures "to which a person may be exposed without harmful effect" is unwarrented

Indeed, NIOSH reports,

"The exposure level that woud be set by the standard are based on only one dominant mechanism - - adverse health effects causeed by body heating." [NIOSH letter of Jan. 11 from R. Niemeier to the FCC]

Also, FDA reports, "In our opinion, it is unclear what types of biololgical effects and exposure conditions are addressed by the standard." [FDA letter of Nov 10, 1993 of L. Gill to FCC]

Similarly, EPA reports, "The limitations of the data used to define the adverse effect level ...do not support the claim that the recommended MPEs ...are protective of all mechanisms and all people," and that "The thesis that the 1992 ANSI/IEEE recommendations are protective of all m echanisms is unwarranted because the adverse effects level in the 1992 ANIS/IEEE standard is based on a thermal effect." [EPA letter of Nov 9, 1993 from M. Oge to FCC, pg. 3 of letter and 5 of comments]

Some supporters of IEEE 1991 disagree with the above claims and argue that all effects from RF exposures were considered, and may even cite studies from the IEEE final list of papers which studied effects below thermal exposure levels. However, as was shown above, IEEE 1991 documents at least 11 studies in which adverse effects occurred at exposure levels below that 'hazard threshold' selected by IEEE 1991. Because IEEE 1991 decided to select a hazard threshold which actually far exceeded exposures at which there were some adverse effects within the 120 final list papers, this IEEE decision supports the claims of NIOSH and EPA that only effects due to thermal exposure were given consideration when determining the IEEE hazard threshold.

Since IEEE 1991 states,

"The existing MPE's are based on the threshold for behavioral disruption with acute exposures of experimental animals," [IEEE 1991 pg 29] and elsewhere describes these animals as including "rodents" such as rats. [IEEE 1991 pg. 27],

but as it is seen, disruption of learned skills occurred to rats below the IEEE 1991 hazard level for studies on the IEEE 1991 final list. Hence, it is unclear how the IEEE hazard level was determined or for what its MPE limits provide protection

Recommendation: The FCC must follow the recommendations and findings of the federal health agencies and the information offered here - e.g. the IEEE limits are far from "safe for all".

It is essential that within the Final Rule the letters of the Federal Health agencies be included so it their own words the FCC will fulfull the NCRP 1986 requirement, of

"fully informing the worker and public of the limits of knowledge." [NCRP 1986, pg 278]

Not only is there much that is uncertain, there is also much that is known, and that is there is sufficient evidence that IEEE 1991 exposure limits are far too high, given the evidence of observed adverse effects and the levels at which they are occurring.

Therefore, adopt a policy of keeping exposures as low as reasonably achievable. Notify local jurisdictions that there may well be a health issue, and that they need to tell the public to keep the antennas high.

To this end explore to what extent can satellites help in providing very low transmission exposure, and function together with ground based-receive only antennas who can then resend the signal to the satellites?

Give local jurisdictions the authority to implement the ALARA principle, and the authority to act soon if there are new findings.

Tnank you.

EXHIBIT #1

These 2 examples show that cellular base stations in curban areas 4 at low heights can still sect out exough sown to cause an aux-of confliction to he at the limit

So. DO NOT CATEBORICALY

EXEMPT cellular Base Hotion

Also many small ones can come problem.

I a single one dose to homes can

Reserve problems

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Course problems

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Anigona Height:

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Cellular Power Density for the Laurelhurst Cell Site.

Abuilding 43 feet away and 45 feet high would geton exposure

The 12EE standard

Socelluter antennas canput out much exposure

29).	ì		VVIOUNG W	-			BACIGOSII.	
1	1		Measurem			feet	Antenna:	DB \$33R
	<u> </u>		Number of	Radio CM	30			
						<u>-</u>		1
	Distance	Adjusted	Angle	Antenna	Distance	Channels	% of Revised	
1	Frem	Vertical	Balow	Vertical	From	Power	ANSI	
-	Tower	Elevation	Hertzen	Petiern	Antenna	Density	Blanderd	
L	(Feet)	(Peet)	(degraps)	(68)	(Fout)	(AMANUU.S)	(6904W/cm^2)	Comments:
	0	0	0.06	-29.0	30.0	0.923	0.1864%	
	5	0	12.7	4.65.	30.3	0.008	0.1838%	
	10	0	75.8	-20.0	40.3	1,420	0.2400%	
	20	0	82.9	-20.1	43'8	5.671	0.9612%	
	30	0	52.4	-15.3	49.2	13.500	2,3033%	
	40	0	44.3	-12.2	55.0	21 523		stores sieng Sand Point Way
\vdash	50	0	38.0	-10.7	83.4	C11.17X		Stores slong Sant Peint Way
-	80	0	33.0	-11,1	71.6	16.500	2.0042%	
-	76	0	29.1	-13.6	80.1	7.238	1.2267%	
-	60	0	26.0	-19.Q	80.D	1.772	0,3003%	
<u> </u>	90	0	23.4	-14.0	80.1	4 613	0.7618%	
	100	0	21.3	-11,1	107.3	7.511	1,2731%	
-	110	0	19.5	-0.0	116.7	10.304	1,7464%	
-	120	0	18.0	-8.0	126.2	11.096	1,8810%	
}		0	18.7	-6.1	135.7	15.028		
<u> </u>	130			-5.2			2.5471%	
-	140	0	15.6 14.8		145.3	15,840	2.7017%	
_	150		13.7	4.5	155.0		2.7910%	
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1-		a	9.8	-2.5		15.000	2.5591%	
	225 290	- 9		-1.8	228.4	14 288	2.4216%	
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-	300	0	8.1 7.4	-0.0	277.6 302.5	9,901	1,8167%	
—	325	0	6.8	-0.6	327.3	8.854	1,4900%	
-	350	0	6.4	-0.6	362.2	7,477	1,2672%	
	375	0	5.0	0.3	377.9	7.319	1.2408%	
\vdash	400	- 0	5.0	-0.3	401.0	8,441	1.0018%	
-	450	0	5.0	-0,1	451.7	5.340		
-							0.9051%	
_	600	0	4.5		501.6	4.331	0.7341%	
}_	600	- 0	3.7	0.8	601.3	3.064	0.5227%	
-	700	0	3.2	0.0	701.1	2.264	0.3944%	
_	100	٥	2.8	0.6	601.0	1.738	0.2946%	
	900	a	2.8	0.0	900.8	1,374	0.2329%	
-	1000		2.2	0.0		1.113	0,1867%	
-	1500	0	1.6	0.0		0.408	0.0830%	
}	5000		1.1	0.0	2000.4	0.279	0.04727	
	2500	0	0.9	0.0		0.178	0.0302%	
} —	3000	0	0.7	0.0		0.124	0.0210%	
-	4000	0	0.6	0.0		0 070	0.0118%	
	5000	0)	0.4	0.0	5000.2	0.045	0.00764	
	Assum	ptions:				-		

- 1.) "B-Band" Cellular Transmiller Frequencies are 650.02 to 593.85 MHz
- 2.) All exposures will be in the far-field region eince the langest wavelength is 14 inches
- 3.) Exposures include 64% reflected energy from the ground
- 4.) Calculations are worst case based on theoretical antennas tital provide maximum gain

Seattle Washington 35 feet 3000 wett ERR

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FROM WIRELESS SYS ENG

TO 93280815

PAGE.

Power Density for the Edgewater Cell Site.

l	Properted by	Ray Norga	N 4			•			10/11/94
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į	10 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A						e e a company de la company de	The Select W	1914 W 19116 5
	Distance From	Adjusted Vertical	Angle Below	Antenno Vertical	From	Channels Power Density	% of Revises ANSI		

Ifa35 fact high Building 43 feet or lead away exposures would be

THE PARTY	William A.	ASSESS.		30		. فتر کیاه تو (در کار از از از	الما المالية المراق المالية ا
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	9						
5	•				1.081	- CATOTS	
10			-26.0 -17.0		2,976	O. Sales	
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100	0	18.2	4.1		20.006		
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160	0		-20		30,136	8.1070%	
100	0	10.3	-24		31.60		
170	0	9.7	-1.	1725	36.042	4.34	
160	0		-1.4				
190	0	8.7	-1.3			2.7910%	
200					3.00		
	9				17.607		
360	0		94			2.4013%	
275	0		0.4		12.127		
300	0		-0.3		11,469	1,84187	
326	0		-0.3	300.3	9.772		
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1000	0	1.1		1800.3		0.0000%	
2000	0			1002		0.00777	
2500	0	- 0.7	0.0		0.178	0.0902%	
3000	0			3000.1	9.184		
4000			0.6		0.070		
8000			0.0		0.046	0.0070%	

Assumptions:

- 1.) "B-Band" Collular Transmitter Proquencies are 880.02 to 683.86 MHZ.
- 2.) All exposures will be in the ter-field region sinor the longest wavelength is 14 inches.
- 4) Colouisdone are worst case based on theoretical arrannas that provide maximum gain

BASE STATION	EXPOSURES AT CE	LLULAR PREQUENCI	ES					
Standard	General-Public Limit (everaged over 30 minutes)	Occupational Typical Limit (everaged ambient over six minutes)		Typical ground-leva maximum exposure		-iavei Im	Typical expo sure 30 inch from antann proper	
1962 ANSI	2900 µW/cm²	Same	0.0005%		0.034%		103%	
1992 ANSI	500 µW/cm²	2900 µW/cm²	0.0025%	GP	1.7%	GP	517%	GP
	•		0.0005%	0	0.034%	0	103%	0
1986 NCRP	580 µW/cm²	2900 µW/cm²	0.0025%	GP	1.7%	GP	517%	GP
	-	•	0.0005%	0	a a35%	a	103%	0
1986 NCRP with modulation derating	580 μW/cm²	580 µW/cm²	0.0025%		1.7%		517%	
1987 IRPA	435 µW/cm²	2175 µW/cm²	0.0034%	GP	0.2%	GP	690%	GP
	-	•	0.0007%	0	0.046%	0	138%	0

DISTANCES TO ACCEPTABLE EXPOSURES FROM BASE STATION ANTENNAS

The following table shows distances, as a function of ERP, to the power flux densities permitted by standards discussed at the Federal Focus Symposium. The underlying calculations assume no reflection or absorption, 15 active channels, and omnidirectional antennas. Actual base stations tend to emit less signal power downward than outward, so the table probably overstates real exposures at the base of a tower. Because most base-station antennas are 150 feat or so in the air, minimum distances to both the general-public and occupational limits are more than satisfied. Fewer channels (less exposure) or more channels (more exposure) may be active at a given base station than the 15 channels assumed.

Standard	General-Public Limit	Distance to General-Public Limit	Occupational Limit	Distance to Occupational Limit
1982 ANSI	2900 µW/cm²	15.0 ft. (500 W)	Same As General	Same As General
		10.5 ft. (250 W)		
		6.7 ft. (100W)		
		4.7 ft. (50 W)		
		3.0 ft. (20 W)		
1992 ANSI	580 μW/cm²	33.0 ft. (500 W)	2900 µW/cm²	15.0 ft. (500 W)
		23.5 ft. (250 W)		10.5 ft. (250 W)
		14.9 ft. (100W)		6.7 ft. (100W)
		10.5 ft. (50 W)		4.7 ft. (50 W)
		8.7 ft. (20 W)		3.0 ft. (20 W)
1986 NCRP	580 μW/cm²	33.0 ft. (500 W)	2900 µW/cm²	15.0 ft. (500 W)
		23.5 ft. (250 W)		10.5 ft. (250 W)
		14.9 ft. (100W)		6.7 ft. (100W)
		10.5 ft. (50 W)		4.7 ft. (50 W)
		6.7 ft. (20 W)		3.0 ft. (20 W)
1565 NCRP with	NA	NA	580 pW/cm²	33.0 ft (500 W)
Modulation			•	23.5 ft. (250 W)
Derating				14.9 R. (100W)
				10.5 ft. (50 W)
				6.7 ft. (20 W)
1987 IRPA	435 µW/cm²	38.4 ft. (500 W)	2175 yW/cm ²	17.2 ft. (500 W)
		27.2 ft. (250 W)	• "	12.2 ft. (250 W)
		17.2 ft. (100W)		7.7 ft. (100W)
		12.2 ft. (50 W)		5.4 ft. (50 W)
		7.7 ft. (20 W)		3.4 ft. (20 W)

This shows to Been station exposure comments can be set Low without interesting with the industry.

exceed !!

exceed !!

exceed !

limits

exceed !

wheel

wheel

Exhibit #2

This shows the RF modelited at ELF of Power Dines may even be much more potentially dangerous.

* Keep Magnetic fields law

* Implement As Low As Reasebley

Achievable" ALARA.

- Give Local Juris dictions Authority

to inplement ALARA.

United States

Agency

Environmental Protection

UA ID --- KASHRUT

Office of Air and Hadiation & Office of Research and

PAGE 61 402-H-95-009 March 1995

SEPA

Summary and Results of the April 26-27, 1993 Radiofrequency Radiation Conference

Volume 1: Analysis of Panel Discussions

This shows that

RF modulated

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can be much

see pages

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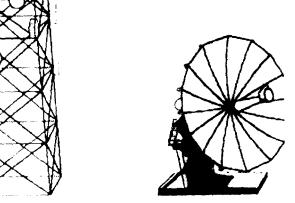
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Field



402-R-95-009 March 1995

Summary and Results of the April 26-27, 1993 Radiofrequency Radiation Conference

Volume 1: Analysis of Panel Discussions

Prepared for

Office of Air and Radiation and Office of Research and Development U.S. Environmental Protection Agency 401 M Street SW Washington, DC 20460

Under Contract

Nos. 68-D0-0102 and 68-D2-0177

PANEL 1: EXPOSURE AND DOSIMETRY (EXPOSURE ASSESSMENT, DOSIMETRY, RF SHOCKS AND BURNS)

Mr. Edwin Mantiply (Chair). Dr. C. K. Chou

Dr. Robert F. Cleveland, Jr. -

Dr. David L. Conover

Dr. Carl H. Durney Dr. Om P. Gandhi

Dr. A. William Guy
Dr. Ronald C. Petersen

INTRODUCTION

Panel 1 focused on exposure assessment and dosimetry issues. This panel also discussed several issues raised by speakers—primarily Mantiply, Guy, and Gandhi (see Volume 2)—during the plenary session. The topics on which Panel 1 focused included

- RF radiation dosimetry
- The relationship between continuous and pulse and ELF-modulated RF radiation exposure; and
- Adoption of a standard.

RF RADIATION DOSIMETRY

The panel noted the importance of RF radiation dosimetry in the assessment of biological effects, whether thermal or nonthermal. Considered in broad terms, dosimetry was characterized as the association of external fields with the internal fields in the tissues, and it involves the description of all exposure parameters, and the relation to specific absorption rate (SAR), internal electric and magnetic fields, and internal current densities.

The panel divided their discussion of dosimetry into three categories: (1) use of SAR in RF radiation dosimetry; (2) progress in dosimetry and (3) the need for better dosimetric methods.

Use of SAR

SAR was considered by much of the panel to apply to both thermal and athermal effects, and was generally felt to be the most important physical quantity associated with dosimetry. The panelists discussed several controversies, however, over the use of SAR as a means—especially the sole means of quantifying effects. At low frequencies, for example most panelists telt that SAR is meaningless since individuals may be electrocuted with negligible SARs (i.e., shocks and burns are related to current density). Conversely, one panelist noted that SAR can be quite high with negligible levels of current. The consensus of the panel was that all parameters (i.e., current densities, internal fields, and SAR) should be described when discussing RF radiation effects.

Progress in Dosimetry

Significant progress was reported and discussed in the area of local dosimetry of contact currents, nonuniform fields, multiple sources, and small sources. There are new technologies and higher spatial resolution models to use for assessing dose. These new methods should be included in any update of the 1984 RFR Report on the biological effects of RF radiation. Several panelists also agreed that the 1984 RFR Report — perhaps Conclusion #3, which addressed the

thermoregulatory effects of RF radiation (see Appendix A) should be updated to emphasize the use of averaging time for shocks and burns

Need for Better Dosimetric Methods

Several recommendations were made for improving existing dosimetric methods.

- There is a need for more spatial or three-dimensional SARs, since local SARs may be up to 100 times higher than the whole body average SARs.
- Develop approaches for combining local SAR criteria (e.g., for personal communication devices) with power density limits for far-field whole body exposure.
- To help biologists address mechanisms more emphasis must be placed on microdosimetry.
- In general, physical scientists must work more closely with biologists in improving dosimetric methods used in studies

RELATIONSHIP BETWEEN CONTINUOUS WAVE AND PULSE- AND ELF-MODULATED **EXPOSURE**

The panel focused on the interest in an approach to assessing the relationship between continuous wave and palse and FLF-modulated exposure

Assessing Continuous vs. Pulse- and ELF-Modulated Waves Exposure

The differences between the effects from continuous and pulse- and ELF-modulated RF radiation were discussed by the panelists. One panelist cited research that indicates that pulsemodulated RF radiation produces effects at nonthermal SARs, while continuous wave RF radiation at the same SARs does not produce these effects. Most panelists felt that important questions are raised with regard to time averaged SAR and the need for different dose measures for modulated and continuous wave RF radiation.

One of the panelists proposed an approach that may address the relationship between continuous wave and pulse, and ELF-modulated RF radiation. This approach is based on a Fourier series expansion of the RF radiation pulse train. The summation of the SARs found for each Fourier series sinusoidal harmonic of the pulse train would be a way to connect to the results of exposure to the continuous wave case. This panelist noted, however, that the validity of this approach would depend on the interaction mechanism (e.g., the approach may not be completely valid if the response mechanism is nonlinear), and as yet there is no information on the response mechanisms associated with modulated RF radiation

Linking ELF Radiation Research to ELF-Modulation of RF Radiation



A significant amount of discussion addressed ELF-modulated RF radiation issues, primarily those related to linking ELF and ELF-modulated RF radiation research. One panelist described the difference between the internal fields from "direct" ELF (e.g., from power lines) and fields generated from RF radiation, where the latter fields are much greater (by as much as 100,000 times). Thus, the panelist noted, the internal ELF fields from ELF-modulated RF radiation may be more significant than from direct ELF. Another panelist commented that effects due to ELF-modulated RF radiation



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that are similar to direct ELF fields have been observed experimentally, although the results have not been conclusive. The panelists agreed that ELF-modulated RF radiation exposure is an important area, but that significant additional research is needed before any conclusions can be reached.

ADOPTION OF EXPOSURE STANDARDS

The panel strongly recommended that EPA adopt some form of an exposure standard, such as the ANSI/IEEE standard. During discussion of this recommendation, the panel addressed several issues or points, including deficiencies/limitations of the ANSI/IEEF standard, cost implications, and performance standards

Deficiencies or Limitations in the ANSI/IEEE Standard

The panel felt that the ANSI/IFEF standard should be updated to correct the following deficiencies/limitations as most data becomes available:

- Averaging time for contact current. Some panelists felt that the standard's I second
 averaging time should be used only below 100 kHz (to protect against shock), and
 that a longer averaging time could be used for frequencies above 100 kHz and up to
 100 MHz.
- Transient discharges. Panelists agreed that transient discharge, which is a problem that occurs during contact with an object containing an RF voltage, results in a pulse of current that can cause a shock or a short-term burn. Little information on transient discharges as a function of frequency exists, however, and therefore the standard should more clearly address limitations in protection against shocks or burns due to transient discharge.
- Calculating SAR for a cubic shapes of tissue. Some panelists felt that there are certain problems with calculating SAR for 1 or 10 grams of tissue in the shape of a cube, since certain parts of the body such as the car lobe or the hand holding a device, cannot be identified as cube shaped.
 - <u>Frequency cutoff.</u> Some panelists noted that the frequency cutoff for induced and contact currents of 100 MHz may result in certain problems (e.g., for hissessing mixtures of exposure) because the FM adio band is 88 to 108 MHz.
 - <u>Conflicting components of standard</u> One panelist noted that the standard allows the possibility of compliance with electric field strength, but not with induced current limit at some frequencies

Cost Implications of Standard

The panel identified some of the cost implications of adopting the ANSI/IEEE standard. In addition to the potential impact on the FM radio industry because of the 100 MHz cutoff, the body current limitations could significantly increase the cost of AM broadcast compliance. In addition, the panel noted, FM stations that are in compliance may with the 1982 ANSI standard may not be with the 1992 standard.

Suggestions were made to use the ANSI/IEEE standard as a cap on environmental exposure, and then establish case-by-case performance standards to achieve lower fields for particular sources where it may be easy to limit exposure down to levels lower than the standard (e.g., raising the height of radar devices on pleasure boats to reduce exposure

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CONCLUSIONS/RECOMMENDATIONS

The panel discussed several of the major advantages and disadvantages of SAR. SAR was generally considered to be the most important dosinictor quantity applicable to both thermal and athermal effects. The panel also highlighted several as as including contact currents, nonuniform fields, multiple sources, and small sources—in which major improvements have taken place recently in the field of dosimetry. Furthermore, the panel don'thed areas for additional dosimetry research, such as spatial or three-dimensional SARs combining local SAR criteria (e.g., for personal communication devices) with power density timits for far-field whole body exposure; and microdosimetry.

The panel addressed several issues associated with pulse- and ELE-modulated RF radiation, including potentially lower thresholds for effects from these fields compared to continuous wave RF radiation; the possible relevance of ELF research to effects of ELF-modulated RF radiation; and the additional research that is needed overall. The panel also concluded that some changes were needed in the 1987 Reassessment Report (see Appendix A), including updates on new methods for exposure assessment and dosimetry; and an update of electric shock and burn (perhaps for Conclusion #3). The panel also strongly recommended that EPA adopt RF (adiation exposure guidelines, such as the ANSI/IEEE standard (or some form of it)

Exhibit #3

IEEE Balloting
Issues

Reasons why

66% (20/3) from

Health Agencies Voked

against IEEE 1891.

- See letters of those voting No"
on page 3-5
- see Bielled list of page 3-8

except from Report

1. Credibility problems due to IEEE unbalanced voting and inadequate review process.

Inadequate balance of interests: The IEEE development and voting process weakened the credibility of the standard. This is because the balloting committee lacked sufficent public health representation with only 3 of 36 members being from a public health agency (all from the Food and Drug Administration (FDA) Center for Device and Radiological Health), while 31 were users of radio frequency or consultants or contractors to users (27 voted). See distribution below.

Balloting Committee for IEEE 1991 by company association 36 members, 32 voted

- 31 Users of Radio Frequency or contractors or consultants to users (27 voted)
 - Dept. of Defense (Army 4, Navy 7, Air Force 5)
 - Private companies(not utilities) and private consultants (e.g. AT&T Bell Labs, Motorola, Raytheon Research)
 - 3 Utilities (Florida Power & Light, Houston Power and Light, New York Power)
 - University departments or laboratories of physics, engineering, bioengineering, bioelectromagnetics (presumably contractors and consultants to users)
- 3 Health agency representatives (all FDA Center for Device and Radiological Health
- 2 Other: 1 University + NIST (National Inst. for Standards and Technology of Dept. of Commerce a user of RF

66% (2 of 3) IEEE members from health agencies (the FDA) voted to against adoption of IEEE 1991 (Dr. Mays Swicord and Dr. M. Altman) Explaining his negative vote, Dr. Swicord wrote, and Dr. Altman concurred, that,

"I feel that the procedures agreed upon concerning membership and circulation of this document have not been fully carried out. A membership committee was appointed to consider proper balance of representatives. To my knowledge this committee never met. It is generally recognized that current membership is not balanced in representing government (e.g. regulatory health agencies), industry (e.g. users of radio-frequency), and the general public. Thus, the ballot may not represent a proper balance." [see IEEE ballot and comments attached].

Lack of public health perspective: The above lack of balance also disturbed the National Institutes of Occupational Safety and Health (NIOSH) who wrote the FDA that,

"NIOSH is concerned about the lack of participation by experts with a public health perspective in the IEEE RF standards setting process." [NIOSH letter from R. Niemeier of Jan. 11, 1994 to the FCC]

NIOSH also criticized IEEE 1991 for being weak because it considered few epidemiology studies, and wrote,

"For example, epidemiology studies were categorically rejected as not useful in the process of setting ANSI/IEEE C95.1-1992 limits. This lack of public health perspective creates a weakness in the standard that should be acknowledged by the FCC." [NIOSH letter of Jan. 11, 1994 from R. Niemer to the FCC]

Note that IEEE 1991 did contain one study of RF and heart disease, and found an adverse effect [Hamburger et al. 1983 on IEEE final list pg. 64] While supporters of IEEE 1991 claim there

were 11 epidemiology studies, the remaining 10 were short term studies exposing people for minutes or less to determine criteria for induced currents, contact currents, RF burns and perception studies, power absorption in the body, heating effects of short millimeter waves and did not address effects of chronic low level exposure which is of great public health concern. []

Lack of review by health agencies of drafts of IEEE 1991: No agency review of the IEEE draft occurred as had been planned, since Dr. Swicord also wrote,

"Secondly, we agreed at the fall meeting in 1989 to send out this document for agency review and comment...if the standard is to have credibility I feel it is necessary."

Thus, it appears the IEEE 1991 did not follow its own agreed upon procedures to have agencies review and comment on a draft of IEEE 1991

Lack of consistency between exclusion clauses and basic provision of standard: Dr. Swicord wrote as a reason for his "No" vote.

"An inconsistency between the exclusion clause and the basic standard."

Lack of proper justification for allowing increased exposure: Dr. Swicord, wrote, with the concurrence of Dr. Altman,

"The standard has been increased at the higher frequencies from the 1982 versions with very weak justification. However, the appearance of arbitrarily increasing the level for practical engineering considerations with no health consideration will cause undue public concern of the committees actions. The justification should be strong and make sense or the values should be reduced to 1982 levels."

Lack of sufficient careful review of the scientific literature: Concerning how well the IEEE 1991 committee reviewed the scientific literature, Dr. Swicord expressed concern that important studies on pulsed RF was not getting appropriate attention, and he wrote,

"There is other data (work of Kues and others) which suggests that pulsed microwaves may give responses at lower average levels than CW (continuous wave). This problem should not be brushed aside."

The work of Henry Kues (Kues, 1985, 1992) has shown eye damage (degenerative changes in the retina, iris, and cornea) in monkeys occurs at lower levels with pulsed than with continuous wave signals, and that these occur 65% below the IEEE 1991 selected whole body hazard threshold, and occur 6.5% below this hazard threshold when the glaucoma medication, timolol maleate is given. Also when this glaucoma medication is given, eye damage was observed at 16% of the level deemed safe for localized irradiation of the eye in IEEE 1991.

Note that (Kues, 1985) was on a preliminary list of papers a IEEE 1991 sub-committee evaluated for the selection of the Final List of Papers Reviewed for IEEE 1991. It is not clear why this paper was removed from subsequenct consideration by IEEE 1991.

As noted elsewhere in this report, the FDA, National Institutes of Occupational Safety and Health (NIOSH), and EPA concurred with the view that important available studies were not properly considered, and that this weakens IEEE 1991 credibility. Likewise, at a 1993 EPA conference, members of an expert panel voiced a concern consistent with this view and noted that current

non-foderal standards slid not consider important studies. The letter from Dr. Swiggerd and concurrence by Dr. Altman further substantiate that this indeed some important problems were "brushed aside."

Lack of majority rule prevents elimination of a claim made by IEEE working groups which EPA finds 'unsupported': It is important to note that apparently 'majority rule' was not followed to allow modifying the drafts of IEEE 1991. As a result of a 2/3 majority requirement for changing draft text, a claim which was not supported by an EPA agency peer-reviewed and Scientific Advisory Board reviewed report, nevertheless was able to remain in IEEE 1991. This occurred despite the efforts of Dr. Herbert Pollack, one of the two physicians on the committee reviewing the draft to try to get it deleted. Dr. Joe Ellder, of the EPA and member of IEEE, was reported to have found the vote refusing to eliminate this false claim "incredible." [all the material in this section is based on Microwave News September/October 1989]

Note: the claim in dispute was that "there was no reliable scientific evidence that certain subgroups of the population were at greater risk than others." [IEEE 1991 pg. 23]. But but an EPA report which studied a 16 year period in the U S in which there were 5 heat waves found:

- 1-"...there was an excess of deaths from hypertensive heart disease in May, June, or July in each of the heat wave years but not in 10 of the other 11 years"
- 2- "Infants below 1 year of age are the most heat-illness-prone age group below 50 years of age: adults above 50 years are more heat-illness prone than infants and become progressively more so with advancing age."

and therefore.

3- "the general population has groups of individuals particularly susceptible to heat." [EPA, 1984,pg. 6-9]

It is not clear why the IEEE 1991 committee did not accept the findings of one of its two physicians nor of the EPA which based its conclusions on science based Vital Statistics Reports of the U.S. Public Health Service.

Consequently, EPA reported in its letter to the FCC that,

"The 1991 ANSI/IEEE conclusion that there is no scientific data indicating certain subgroups are more at risk than others is not supported by NCRP (1986) or EPA reports." [EPA letter to FCC, 1993]

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CDRH/OST/DLS

2003/003

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FOR ACTION

Letter Bellet
of IERE Standards Coordinating Correntition, SCC28
to be submitted for
Approval of the Revision of ANSI Standard C93.1-1982,
Draft dated July 1990

American National Standard Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 kHz to 300 GHz

Please return this ballot NO LATER THAN _ April 15, 1991

	Approve (Affirmative) for IREE Standard; comments on reverse or stacked.
	Disapprove (Negative) for reasons given on reverse or attached. (Note in secondaries with 3.7(2) of the IEEE Standards Manual, this was must be assumpeated by as in sufficient detail that the specific warding of the changes that will cause the asgetive wase to disa "Approve" our readily be detarrained. In the absence of a reason for a negative was after followed builtet shall be obsessed to "no response.")
	n your must be accompanied with the reason for abstaining; without a reason, and field as an unreturned ballot.
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	Abstata for tack of expertise.
	Abstrain for
Voter Name:	(Please type) MAYS & SWTS Deta: 4/
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7	ROCKVILLE, MA 20857

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CORN/OST DLS

@ 002/003

Your reasons for rejecting the standard are as follows.

- 1. I feel that the procedures agreed upon concerning membership and circulation of this document have not been fully carried out. A membership committee was appointed to consider a proper belance of representatives. To my knowledge this committee has not met. It is generally recognized that the current membership is not balanced in representing government, industry and the general public. Thus the ballot may not represent a proper balance. Secondly, we agreed at the fall meeting in 1989 to send out this document for agency review and comment. The second point may be considered minor but if the standard is to have credibility I feel it is necessary.
- 2. The inconsistency of the exclusion clause with the basic standard.
- It little attention has been paid to appropriate averaging time. The standard still uses 6 minutes for frequencies below 15 GHz. Six minutes was arbitrarily chosen and has no significance in terms of thermal loading to cells or any other biological response. There is some work by Wachtel which suggest some maximum values for consideration. There is other data ( work of Rues and others) which suggest that pulsed microwaves may give responses at lower average levels than CW. This problem should not be brushed aside.
- The standard has been increased at the higher frequencies from the 1982 versions with very week justification. There is the statement that this is a standard for the work place and does not include children. However, there are small adults. The factor of two is nothing to be concerned with. However, the appearance of exhitrerily increasing the level for practical engineering considerations with no health consideration will cause undue public concern of the committees actions. The justification should be strong and make sense or the values should be reduced to 1982 levels.

(Signature of)
Mays Swicord

of FDA

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UNRESOLVED NEGATIVE VOTES

# FOR ACTION

Draft dead July 1900

American National Standard Safety Levels with Respect to Human Exposure to Rodio Frequency Slectromagnette Fields, 3 kHz to 300 GHL

Please return this ballot NO LATER THAN .. April 15, 1991

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Abstain for lack of time to review document.	
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About for	
Vener Name (Please type) M.R. AHMON, PhiD. Deal.	30 April 91
Address:	
083495-055400000000000000000000000000000000	**********

Return this original ballot (and comments) to:

R. C. Peterson AT&T Bell Laboratories Room LF181C 600 Mousiain Ave. Murray Hill, NJ 07974 908-582-6442 908-582-7874 (Fax)

of FDA.

(comment et Dr. Altman ef FDA)



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Altman, M.R.	FDA/CDRH			R		X			
Baird, R.C.	NIST			42	X				
Balsano, Q.	Motorola			EC	V				
Barron, N.	Dept. of Navy			A	X				
Brandinger, J.	David Sarnoff			AR					
Budinger, T. F.	Lawrence Berkeley Lab				X				
Caine, S.	Dept. of NAVY			A				X	
Case, D.R.	Dept. of the Air Force			A	X				
Cohen, J.	Jules Cohen Assoc.			C	X				
Deeter, D.P.	Dept. of the Army			A	X				
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Elson, E.C.	Dept. of the Army			88					
Brwin, D.N.	Dept. of the Air Force			35				X	
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Guy, W.A.	U. of Washington			32	X				
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Lin, J.C.	U. of Illinois			R	X				
Haber, E.E.	Dept. of the Air Force			AR					
McDermott, T.J.	NY Power Auth.			U/U	X				
Mitchell, J.C.	Dept. of the Air Force			AP	X				
Opepahuk, J.M.	Raytheon Research			TC					
Petersen, R.C.	AT&T Sell Labs			IC					
Roberts, S.	Dept. of the Army			X	X				
Rose, R.	Dept. of the Navy			4	X				
Schwann, H.P.	U. of PA			BK	×				
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